

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007077

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 794

STATE FILE NUMBER

FILED FEB 26 1963

VS 300
Rev. 4/591
26 0782

3

4 1

5 0

6

7 0

8 0

9 154X

10

11

12 53-2

13

DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Charles H. Smith MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Lawson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). a. STATE <u>mo.</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City (17)</u>	
Length of stay in 1b <u>2 Wks</u>		Inside Limits <u>Yes</u> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Osteopathic</u>		d. STREET ADDRESS (If outside, give location) <u>2715 N. Bellefontaine</u>	
3. NAME OF DECEASED (Type or print) <u>EDNA O. TEEGARDEN</u>		4. DATE OF DEATH <u>Feb. 3 - 1963</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 13 - 1902</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Restaurant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	
13a. FATHER'S NAME <u>Edward A. Teegarden</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Warranuth</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <u>no</u>)		17. INFORMANT <u>887 Mrs. Estelle Bledsoe K.C. 17 mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Peritonitis</u> DUE TO (b) <u>Perforation of an ulcer adenocarcinoma</u> DUE TO (c) <u>of rupture</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>	
20f. CITY, TOWN, OR LOCATION <u> </u>		COUNTY <u> </u> STATE <u> </u>	
21. I attended the deceased from <u>2-1-58</u> to <u>2-3-63</u> and last saw her alive on <u>2-3-63</u> Death occurred at <u>4:30</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Charles H. Smith M.D.</u>		22b. ADDRESS <u>6111 N. Wayne St. C. 18 Mo</u>	
22c. DATE SIGNED <u>2-4-63</u>		22d. LOCATION (City, town, or county) (State) <u>Lawson mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>2-3-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Lawson</u>		23d. LOCATION (City, town, or county) (State) <u>Lawson mo.</u>	
24. FUNERAL DIRECTOR <u>Church-Orchard Co. Liberty, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-5-63</u>	
26. REGISTRAR'S SIGNATURE <u>Prith Long</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

690 92 831
FEB 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Harold Gordon Smith

Licensed Embalmer No. 4575

P. O. Address Liberty, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.